

Renter

2006 Assistance Claim (for income received in 2005) 9000R

STEP 1**Name and address**

Place label here, type, or print

Your first name		Initial	Last name	
Spouse's first name		Initial	Last name	
Present home address — number and street, PO Box or rural route				Apt. no.
City, town, or post office				State
				ZIP Code
				PMB no.

STEP 2**Social security number (SSN)**

Your SSN

Your Spouse's SSN

IMPORTANT:

Your SSN is required.

STEP 3**Filing status**

- Are you a United States citizen? Check "Yes" or "No" . . . • 1. ☐ YES ☐ NO
If you checked "Yes," skip line 2 and go to line 3.
If you checked "No," go to line 2.
- Benefit Eligibility for Noncitizens** . . . • 2a.
If you are not a citizen of the United States, go to page 10. If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 10 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c. (MM/DD/YYYY) • 2b. • 2c.

Alien Status Code	
Alien Registration Number	
Date of Entry	
- Check the appropriate box if you were **one** of the following on December 31, 2005:
 - ☐ A. 62 years or older (see **Note** on page 5, line 3a) . . . • A ☐
 - ☐ B. Under 62 and blind . . . • B ☐
 - ☐ C. Under 62 and disabled (not blind) . . . • C ☐

If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Renter Assistance claim.
- Enter your date of birth** (example: 0 5 / 2 1 / 1 9 4 3) . . . • 4.
You must enter your date of birth MM DD Y Y Y Y

Date of Birth	
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See instructions on page 5 to see if you must attach a proof document to your claim.

STEP 4**Rental information**

- Enter the total number of months during 2005 that you lived in one or more qualified rented residence(s) in California. See instructions . . . • 5. _____ months
- If the address where you lived during 2005 is different than the address you entered in Step 1, or if the address in Step 1 is a post office box, enter your 2005 residence address. (If more than one rented residence attach a list.)

Street Address	City
State and ZIP Code	
RENTED FROM ____ / ____ / ____ TO ____ / ____ / ____	
- Enter the name, address, and telephone number of your landlord or the person to whom you paid rent during 2005. (If more than one landlord attach a list.)

NAME	
ADDRESS	APT. OR UNIT NO.
CITY	STATE and ZIP CODE
TELEPHONE ()	

STEP 5

Yearly income of household members

On line 8 through line 13 enter your household income for the 2005 calendar year below. Include the income of your spouse and certain other household members. See instructions for other household members on page 7 and page 8. (Dollars) (Cents)

8. Social Security and/or Railroad Retirement	8.		
9. Interest, Dividends, and/or Gain (or Loss)	9.		
10. Pensions, Annuities, and IRA distributions	10.		
11. SSI/SSP (Gold Check). See page 7 (full-year total)	11.		
12. Rental and Business Income (or Loss)	12.		
See page 7. Do not enter your monthly rent payments.			
13. Other Income (including wages). See page 7	13.		
14. SUBTOTAL. Add line 8 through line 13	14.		

STEP 6

Adjustments

15. Adjustments to income. See page 8	15.		
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STEP 7

Total household income

16. TOTAL HOUSEHOLD INCOME IN 2005. Subtract line 15 from line 14	• 16.		
If line 16 is more than \$40,811, STOP. You do not qualify.			
Do you receive Temporary Assistance for Needy Families, formerly Aid to Families with Dependent Children (AFDC)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

STEP 8

Renter assistance claimed

You do not have to complete line 17. If you stop here, we will figure the amount of assistance for you.

17. Renter assistance claimed. (Cannot exceed \$347.50) See page 8	■ 17.		
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Reminder

If this is your first year filing a Renter Assistance claim and you did not receive SSI, please provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement.)

STEP 9

Signature, date, and telephone number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below, and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Renter Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete. By signing this claim, I authorize the Franchise Tax Board to mail any assistance to which I am entitled, pursuant to this claim, to the address listed in step one.

Print Name _____

Sign Here ➡

X _____ Date _____

Claimant's signature

Claimant's Daytime Telephone Number • () _____

Paid Preparer's Use Only

PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡			FEIN
			TELEPHONE ()

Do not write in this space

Do not write in this space

L	D	I	A	R	RES

Worksheet to Figure the Amount of Renter Assistance, Form FTB 9000R

If you want, we will figure the amount of renter assistance for you. You may, however, figure this amount as follows:

If you were a qualified renter for **all of 2005**, your allowable assistance will be based on the total household income (form FTB 9000R, line 16) as shown in the Renter Assistance Schedule below.

If you were a qualified renter for **less than 12 months** during 2005 complete line 1 through line 4 to figure your assistance.

1. Enter the amount of assistance from the Renter Assistance Schedule below for your total household income shown on form FTB 9000R, line 16 1. \$ _____
2. Enter the total number of months during 2005 that you lived in a qualified rented residence in California shown on form FTB 9000R, line 5 2. x _____
3. Multiply the amount on line 1 by the number on line 2 3. \$ _____
4. Divide the answer on line 3 by 12 (months). This is your allowable assistance. Enter this amount on form FTB 9000R, line 17 4. \$ _____

Example for renter less than one year: Total household income is \$13,615 and the residence was rented for 9 months.

1. Amount of assistance from the Renter Assistance Schedule below 1. \$ 305.00
2. Number of months shown on form FTB 9000R, line 5 2. x 9
3. Multiply line 1 by line 2 3. \$2,745.00
4. Divide line 3 by 12 (months). This is your allowable assistance 4. \$ 228.75

Renter Assistance Schedule

If your total household income is		Your renter assistance is	If your total household income is		Your renter assistance is
From	To		From	To	
\$0	\$10,201	\$347.50	22,448	23,127	147.50
10,202	10,881	340.00	23,128	23,807	135.00
10,882	11,562	332.50	23,808	24,486	122.50
11,563	12,242	327.50	24,487	25,165	112.50
12,243	12,923	320.00	25,166	25,848	102.50
12,924	13,604	312.50	25,849	26,528	90.00
13,605	14,283	305.00	26,529	27,207	80.00
14,284	14,964	297.50	27,208	27,887	72.50
14,965	15,644	290.00	27,888	28,567	65.00
15,645	16,325	282.50	28,568	29,247	57.50
16,326	17,003	275.00	29,248	29,927	50.00
17,004	17,684	265.00	29,928	30,608	42.50
17,685	18,365	250.00	30,609	32,309	37.50
18,366	19,046	235.00	32,310	34,009	30.00
19,047	19,725	220.00	34,010	35,710	25.00
19,726	20,405	207.50	35,711	37,410	22.50
20,406	21,085	192.50	37,411	39,110	17.50
21,086	21,765	177.50	39,111	40,811	15.00
21,766	22,447	162.50	\$40,812	And Over	0.00